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HDP/SB/21 based on PTO/SB/21 (08-00)

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| TRANSMITTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                           |                    | Filing Date                                                                                                                                                                                    |              | 8/2003                                                             |  |
| FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                           |                    | First Named Inventor                                                                                                                                                                           |              | away                                                               |  |
| (to be used for all correspondence after i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nitial filing)                                                                                                                                                                                                                                                                                                                            | Group              | Art Unit                                                                                                                                                                                       | Unk          | nown                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                           | Exami              | iner Name                                                                                                                                                                                      | Unk          | Unknown                                                            |  |
| Total Number of Pages in This Submission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                                                                                                                                                                                                                                                                                                                         | Attorn             | ey Docket Numb                                                                                                                                                                                 | per 3562     | 3562-000038                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ENCLO                                                                                                                                                                                                                                                                                                                                     | SURES              | (check all that ap                                                                                                                                                                             | ply)         |                                                                    |  |
| Fee Transmittal Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Assignn<br>(for an A                                                                                                                                                                                                                                                                                                                      |                    |                                                                                                                                                                                                |              | fter Allowance Communication to iroup                              |  |
| Fee Attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Drawing                                                                                                                                                                                                                                                                                                                                 | J(s)               |                                                                                                                                                                                                |              | ppeal Communication to Board of<br>ppeals and Interferences        |  |
| Amendment / Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Licensir                                                                                                                                                                                                                                                                                                                                  | ng-relate          | d Papers                                                                                                                                                                                       |              | ppeal Communication to Group<br>Appeal Notice, Brief, Reply Brief) |  |
| After Final                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Petition                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                                                                                | │□F          | roprietary Information                                             |  |
| Affidavits/declaration(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Petition Provision                                                                                                                                                                                                                                                                                                                        |                    |                                                                                                                                                                                                |              | tatus Letter                                                       |  |
| Extension of Time Request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                           |                    | ey, Revocation<br>espondence Addre                                                                                                                                                             | ess 🛛 🖾 (    | Other Enclosure(s) (please identify below):                        |  |
| Express Abandonment Request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                           | ninal Disclaimer   |                                                                                                                                                                                                |              | Form 1449 with 1 attached other document and Return Postcard       |  |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Reques                                                                                                                                                                                                                                                                                                                                    | Request for Refund |                                                                                                                                                                                                |              |                                                                    |  |
| Information Disclosure Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CD, Nur                                                                                                                                                                                                                                                                                                                                   | nber of            |                                                                                                                                                                                                |              |                                                                    |  |
| Certified Copy of Priority Document(s) Rema                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                           |                    | The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed. |              |                                                                    |  |
| Response to Missing Parts/ Incomplete Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                     | •                  | ,                                                                                                                                                                                              |              |                                                                    |  |
| Response to Missing Parts under 37 CFR 1.52 or 1.53                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                                                                                                                |              |                                                                    |  |
| SIGNA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TURE OF A                                                                                                                                                                                                                                                                                                                                 | PPLIC              | ANT, ATTORNE                                                                                                                                                                                   | Y. OR AGE    | NT                                                                 |  |
| Firm or Individual name  Harness, Dickey & Pierce, P.L.C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                           | Att                | orney Name<br>vid L. Suter                                                                                                                                                                     | ,            | Reg. No.<br>30,692                                                 |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                                                                                                                |              |                                                                    |  |
| Date 2 March 2cr4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                                                                                                                |              |                                                                    |  |
| CERTIFICATE OF MAILING/TRANSMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                                                                                                                |              |                                                                    |  |
| addressed to: Director of the U.S. Pat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below. |                    |                                                                                                                                                                                                |              |                                                                    |  |
| Typed or printed name David L. Sute                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | r ,                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                                                                                                                | Express Ma   | EV 406 074 634 US (3/2/2004)                                       |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                           |                    | Date                                                                                                                                                                                           | 2 March 2004 |                                                                    |  |

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

10/695,402

Filing Date:

10/28/2003

Applicant:

Hathaway

Group Art Unit:

Unknown

Examiner:

Unknown

Title:

APPARATUS FOR CLEANING CAST METAL PARTS

Attorney Docket:

3562-000038

Director of the United States Patent and Trademark Office P.O. Box 1450 Alexandria, VA 22313-1450

## **INFORMATION DISCLOSURE STATEMENT**

Sir:

Pursuant to 37 C.F.R. §§ 1.56, 1.97 and 1.98, Applicant hereby submits an Information Disclosure Statement for consideration by the Examiner.

## I. <u>LIST OF PATENTS, PUBLICATIONS, AND OTHER INFORMATION</u>

The patents, publications and other information requested to be considered by the Office (except unpublished U.S. patent applications) are listed on Form 1449 attached hereto.

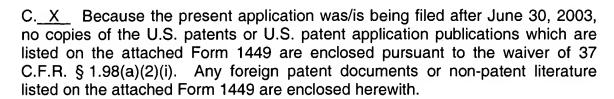
## II. COPIES

A.\_\_\_\_ Submitted herewith is a legible copy of (i) each U.S. patent application publication and U.S. and foreign patent; (ii) each publication or that portion which caused it to be listed; (iii) for each cross-referenced pending U.S. application listed below in Section IV, the application specification including the claims, and any drawing of the application which caused it to be listed including the claims directed to that portion; and (iv) all other information or that portion which caused it to be listed.

B. \_\_\_\_ Any patents, publications or other information which are listed on Form 1449 or on the copies of PTO-892, but which are not enclosed herewith, were previously cited by or submitted to the PTO in one of the following applications which has been relied upon for an earlier filing date under 35 U.S.C. § 120:

#### U.S. Serial Number

## U.S. Filing Date



D.\_\_\_\_ This is a PCT application in the entry of the National Phase in the United States. A copy of the International Search Report is attached for the Examiner's information. The documents listed on the International Search Report are listed on the attached Form-1449 for consideration by the Examiner and for listing on any patent resulting from this application. If the International Search Report was from the US, EPO, or JPO search authorities, copies of these references should have been supplied to the USPTO under the trilateral agreement and are believed to be in the file of the above-identified application. (MPEP 1893.03(g))

# III. CONCISE EXPLANATION OF THE RELEVANCE (check at least one box)

| A. <u>X</u> | Except as  | may be in  | ndicated | below in | า (B), ส | all of t | he pa | atents, | publica | tions or |
|-------------|------------|------------|----------|----------|----------|----------|-------|---------|---------|----------|
| other in    | nformation | are in the | English  | languag  | e (cor   | ncise    | expla | anation | not req | uired).  |

B.\_\_\_\_ A concise explanation of the relevance of each patent, publication or other information listed that is not in the English language is as follows (see 37 C.F.R. § 1.98(a)(3)):

| 1S  | e    | the   | attached    | foreign   | patent | office | communication | from | а |
|-----|------|-------|-------------|-----------|--------|--------|---------------|------|---|
| COL | ınte | erpai | t foreign a | pplicatio | n.     |        |               |      |   |

- 2.\_\_\_\_English translations are provided.
- 3. Other:

C. \_\_\_\_The following additional information is provided for the Examiner's consideration.

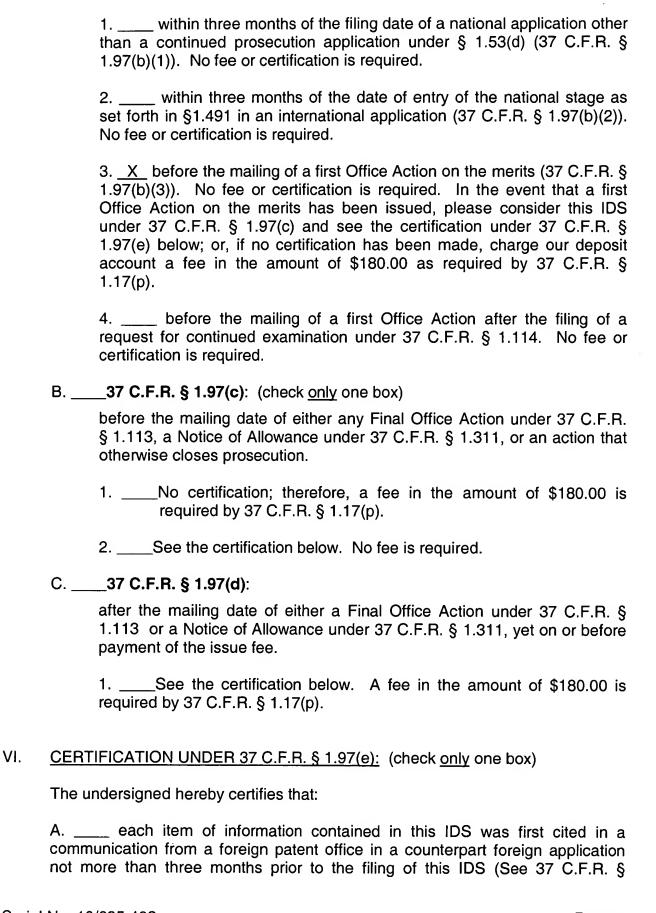
# IV. CROSS REFERENCE TO RELATED APPLICATION(S)

A. X The Examiner is advised that the following co-pending application(s) contain(s) subject matter that may be related to the present application. By bringing this(these) application(s) to the Examiner's attention, Applicant(s) does(do) not waive the confidentiality provisions of 35 U.S.C. § 122.

| Serial No. | Filing Date | Art Unit |
|------------|-------------|----------|
| 10/696,720 | 10/28/2003  | Unknown  |
| 10/646,534 | 08/21/2003  | Unknown  |

# V. THIS IDS IS BEING FILED UNDER

A. X 37 C.F.R. § 1.97(b): (check only one box)



1.97(e)(1)). See further statement under 37 C.F. R. 1.704(d) below in section VII, if applicable; or B. no item of information contained in this IDS was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the undersigned after making reasonable inquiry, no item of information contained in this IDS was known to any individual designated in 37 C.F.R. § 1.56(c) more than three months prior to the filing of this IDS (See 37 C.F.R. § 1.97(e)(2)). C. \_\_\_\_Some of the items of information were first cited in a communication from a foreign patent office. As to this information, the undersigned hereby certifies that each item of information contained in this IDS was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this IDS. As to the remaining information, the undersigned hereby certifies that no item of this remaining information contained in this IDS was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the undersigned after making reasonable inquiry, no item of information contained in this IDS was known to any individual designated in 37 C.F.R. § 1.56(c) more than three months prior to the filing of this IDS. VII. STATEMENT UNDER 37 CFR 1.704(d) The undersigned hereby states that: each item of information contained in this IDS was cited in a communication from a foreign patent office in a counterpart application and this communication was not received by any individual designated in 37 C.F.R. § 1.56(c) more than thirty days prior to the filing of this IDS. VIII. PAYMENT OF FEES (check only one box) A. \_\_\_\_ A check in the amount of \$180.00 is enclosed for the above-identified fee. B. \_\_\_\_Please charge Deposit Account No. 08-0750 in the amount of \$180.00 for the above-indicated fee. A duplicate copy of this paper is attached. The above references are being cited only in the interest of candor and without any admission that they constitute statutory prior art, contain matter which anticipates

the invention, or which would render the same obvious, either singly or in combination, to a person of ordinary skill in the art. Furthermore, this Information Disclosure Statement shall not be construed as a representation that a search has been made.

Serial No. 10/695,402

If it is determined that this IDS has been filed under the wrong rule, the PTO is requested to consider this IDS under the proper rule (with a petition if necessary) and charge the appropriate fee to Deposit Account No. 08-0750.

Please charge any additional fees or credit any overpayment pursuant to 37 C.F.R. § 1.16 or § 1.17 to Deposit Account No. 08-0750.

Respectfully submitted,

Dated: 2 March Zock

By: David L. Suter

Reg. No.: 30,692

HARNESS, DICKEY & PIERCE, P.L.C. P.O. Box 828 Bloomfield Hills, Michigan 48303 (248) 641-1600

DLS/mshi



FORM HDP-1449 (Based on Form PTO-1449)

# PATENT AND TRADEMARK OFFICE INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

Sheet 1 of 1

| ATTORNEY DOCKET NO. | SERIAL NO. |  |  |
|---------------------|------------|--|--|
| 3562-000038         | 10/695,402 |  |  |
| APPLICANT           |            |  |  |
| Hathaway            |            |  |  |
| FILING DATE         | GROUP      |  |  |
| 10/28/2003          | Unknown    |  |  |

| U.S. P         | U.S. PATENT DOCUMENTS  |                    |            |                     |                    |                                 |  |
|----------------|------------------------|--------------------|------------|---------------------|--------------------|---------------------------------|--|
| Ref.<br>Desig. | Examiner's<br>Initials | Document<br>Number | Date       | Name                | Class/<br>Subclass | (If appropriate)<br>Filing Date |  |
| 1.             |                        | 6,203,691          | 03-20-2001 | Hoffman, Jr. et al. |                    |                                 |  |
| 2.             |                        | 6,264,823          | 07-24-2001 | Hoffman, Jr. et al. |                    |                                 |  |

| OTHE           | OTHER DOCUMENTS (including Author, Title, Date, Pertinent Pages, etc.) |                                                                                                           |  |  |  |  |  |
|----------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Ref.<br>Desig. | Examiner's<br>Initials                                                 |                                                                                                           |  |  |  |  |  |
| 1.             |                                                                        | Ed. Mikelonis, P. J., "Molding and Casting Processes," Metals Handbook, 9th Ed., Vol. 5, pgs. 1-30 (1985) |  |  |  |  |  |

| Examiner: | Date Considered: |
|-----------|------------------|
|           | Date Considered. |